

# APPENDIX K - NOTICE OF FAILURE TO PASS A DRUG, ALCOHOL OR CHEMICAL TEST REGARDING PERSONS POSSESSING SCHOOL BUS PERMITS (DOR-4684)



MISSOURI DEPARTMENT OF REVENUE  
CUSTOMER ASSISTANCE BUREAU

## NOTICE OF FAILURE TO PASS A DRUG, ALCOHOL OR CHEMICAL TEST REGARDING PERSONS POSSESSING SCHOOL BUS PERMITS

FORM  
**4684**  
(REV. 6-01)

I hereby certify that the following employee:

FIRST NAME	MIDDLE INITIAL	LAST NAME	DRIVER LICENSE NUMBER	DATE OF BIRTH
ADDRESS			CITY	STATE ZIP CODE

is employed by:

NAME OF COMPANY/CORPORATION	CONTACT PERSON	TELEPHONE ( )
ADDRESS	CITY	STATE ZIP CODE

I further certify that on \_\_\_\_\_, the above employee  
(MONTH/DAY/YEAR)

☐ failed to pass ☐ refused to complete a(n):

☐ drug test (enclose copy of test results)

☐ alcohol test (enclose copy of test results) administered by \_\_\_\_\_

☐ chemical test (enclose copy of test results)

that was administered pursuant to the requirements of any federal or state law, rule or regulation regarding the operation of a school bus.

SIGNATURE OF EMPLOYER OR OFFICER OF EMPLOYER

DATE

Please send the completed document to the following address:

Missouri Customer Assistance Bureau  
301 West High Street - Room 301  
P. O. Box 200  
Jefferson City, MO 65105-0200  
Telephone Number: (573) 751-3680  
Fax Number: (573) 751-0466.